

A RESOLUTION ESTABLISHING AMBULANCE )  
RATES AND CHARGES PURSUANT TO )  
ORDINANCE NO. 1257 )

RESOLUTION NO. 30  
for 1982

WHEREAS the Council of the City of Lebanon did on May 16, 1967, pass Ordinance No. 1257 providing for the regulating of ambulance service and providing that the official tariff rates and charges should be established by Resolution of the Common Council, and

WHEREAS new rates have been proposed as shown on the rate schedule set forth below and good reason shown therefore; NOW THEREFORE,

BE IT RESOLVED BY THE CITY OF LEBANON AS FOLLOWS:

Section 1: Effective July 1, 1982, the official tariff rates and charges governing City of Lebanon ambulances are as follows:

- 1) Inside City and within Lebanon Rural Fire District:  
BASE RATE: Emergency . . . . . \$105.00  
Plus mileage rates computed at \$4.90 per mile.  
Patient mileage begins with ambulance dispatch and terminates at the patient's destination.  
Plus any additional charges for special services as set forth herein.
  
- 2) Outside boundaries of Lebanon Rural Fire District:  
Base Rate and mileage rates as stated in (1) above plus \$110.00 Out of District Charge.  
Plus any additional charges for special services as set forth herein.
  
- 3) Refused Service . . . . . \$105.00  
Plus mileage rates computed as above.

- 4) Multi-Patient trips:
  - (a) There must be one full charge per ambulance trip.
  - (b) Each stretcher patient shall be charged:
    - 1. Base Rate
    - 2. Mileage Rate
  - (c) Each sit-up patient shall be charged:
    - 1. One-half Base Rate
    - 2. Mileage Rate
  
- 5) Additional charges for special services. This is in addition to the above fixed charges and rates.

I. V. Therapy Procedure <sup>*(1)</sup> . . . . .	\$18.00
Medications Procedure <sup>*(1)</sup> . . . . .	12.00
Cardiac Monitoring. . . . .	87.00

Fracture Care:

Cardboard Splint . . . . .	4.50
Ladder Splint. . . . .	4.50
Traction Splint. . . . .	14.40
Air Splint. . . . .	8.50
Extrication collar . . . . .	14.40

Respiratory Therapy:

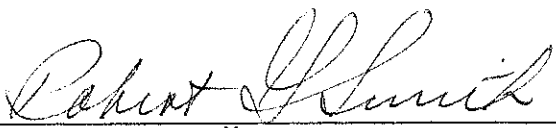
Oxygen (minimum charge for first 1/2 hour) . .	13.40
Oxygen (each additional 1/2 hr or fraction thereof pro-rated at each 15 min increment beyond first 1/2 hour . . . . .	12.00
Oxygen Accessories . . . . .	12.00

<sup>\*(1)</sup> Additional charges for medications, bandages, dressings and supplies shall be in accordance with list of standard operating procedures issued by Emergency Room Doctors and Lebanon Community Hospital.

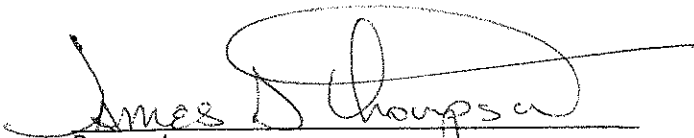
Airway Management Procedure . . . . .	\$25.00
Endotracheal Tube. . . . .	21.60
Esophageal Tube. . . . .	21.60
Airways (each) . . . . .	4.80
Mast Anti-shock Device . . . . .	28.80
Special Care . . . . .	14.40
Service Time (after 30 minutes) per hour or fraction thereof pro-rated at each 15 min. increment beyond first 1/2 hour. . . . .	44.00

Section 2. This Resolution supersedes and replaces Resolution No. 23 for 1981, passed May 27, 1981.

Passed by the Council by a vote of 4 for and 0 against and approved by the Mayor this 23<sup>rd</sup> day of June, 1982.

  
 \_\_\_\_\_  
 Mayor

ATTEST:

  
 \_\_\_\_\_  
 Recorder